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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/594,360 - Conf. #
	Filing Date	
	First Named Inventor	Patrizia CALI
	Art Unit	Not Yet Assigned.
	Examiner Name	Not Yet Assigned.
	Attorney Docket Number	A0039.0008

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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OR

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Individual Name

Address

City

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State

Zip

Telephone

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

HARRY WELTEN

January 24, 2008

SERGIO LOCIURO

Telephone

+41 61 417 96 60

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 1 forms are submitted.